

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 14  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>	

Full Name of Payee <b>Stones' Phones</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2016		
Mailing Address 41-750 Rancho Las Palmas Dr #E-3			Amount 16000.00		
City Rancho Mirage	State CA	Zip Code 92270	Transaction ID : B634098		
Purpose of Expenditure Phone calls-Estimated costs		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016		
Name of Federal Candidate Bennett, LuAnn, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought 76473.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Catalist LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2016		
Mailing Address 1090 Vermont Ave./Ste. 300			Amount 173.13		
City Washington	State DC	Zip Code 20006	Transaction ID : B634099		
Purpose of Expenditure List acquisition-Estimated costs		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016		
Name of Federal Candidate Bennett, LuAnn, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought 76473.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16173.13
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 10 / 25 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 14  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Catalist LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 25 / 2016</div> </div>	
Mailing Address 1090 Vermont Ave./Ste. 300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">129.84</div>	
City Washington    State DC    Zip Code 20006	<b>Transaction ID : B634100</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 25 / 2016</div> </div>		
Purpose of Expenditure List acquisition-Estimated costs	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		
Name of Federal Candidate Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Liz Figueroa</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 24 / 2016</div> </div>	
Mailing Address 35 Martins Beach Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1146.60</div>	
City Half Moon Bay    State CA    Zip Code 94019	<b>Transaction ID : B634089</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 24 / 2016</div> </div>		
Purpose of Expenditure Travel-Estimated costs	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1276.44</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Schifeling, Deirdre, , ,*

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 25 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y       </table>	

Full Name of Payee <b>Stones' Phones</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y       </table>	
Mailing Address 41-750 Rancho Las Palmas Dr #E-3		Amount <table border="1" style="width:100%">12000.00</table>	
City Rancho Mirage	State CA	Zip Code 92270	Transaction ID : B634103
Purpose of Expenditure Phone calls-Estimated costs		Category/ Type 003	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y       </table>
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%">3583533.18</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y       </table>	
Mailing Address 123 William St, 10th Floor		Amount <table border="1" style="width:100%">3100.00</table>	
City New York	State NY	Zip Code 10038	Transaction ID : B634105
Purpose of Expenditure Staff time for direct voter contact-Estimated costs		Category/ Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y       </table>
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%">3583533.18</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%">15100.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"> </table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> </table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

 / 
 



 / 
 





Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>House Majority PAC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>	
Mailing Address <b>2100 Pennsylvania Ave</b>		Amount <b>8000.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20037</b>	Transaction ID : <b>B634096</b>
Purpose of Expenditure <b>Research services-Estimated costs</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>
Name of Federal Candidate <b>Comstock, Barbara, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>10</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought <b>76473.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Bully Pulpit Interactive</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>	
Mailing Address <b>1140 Connecticut Ave NW #800</b>		Amount <b>50000.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>B634097</b>
Purpose of Expenditure <b>Digital Ad Buy-Estimated costs</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>
Name of Federal Candidate <b>Comstock, Barbara, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>10</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought <b>76473.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>58000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>	
Mailing Address <b>1806 Vernon St, NW #100</b>		Amount <b>2300.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20009</b>	Transaction ID : <b>B634102</b>
Purpose of Expenditure photography/videography-Estimated costs		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>
Name of Federal Candidate <b>Comstock, Barbara, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>10</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought <b>76473.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Liz Figueroa</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address <b>35 Martins Beach Road</b>		Amount <b>1146.60</b>	
City <b>Half Moon Bay</b>	State <b>CA</b>	Zip Code <b>94019</b>	Transaction ID : <b>B634091</b>
Purpose of Expenditure Travel-Estimated costs		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>
Name of Federal Candidate <b>Cortez-Masto, Catherine, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>1880701.40</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>3446.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Schifeling, Deirdre, ,*

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Priorities USA</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>		
Mailing Address 601 13th Street NW Suite 610N			Amount <b>3452.10</b>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>B634093</b>		
Purpose of Expenditure Digital Ad Buy-Estimated costs		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>		
Name of Federal Candidate Cortez-Masto, Catherine, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Priorities USA</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>		
Mailing Address 601 13th Street NW Suite 610N			Amount <b>13315.14</b>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>B634094</b>		
Purpose of Expenditure Digital Ad Buy-Estimated costs		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>		
Name of Federal Candidate Heck, Joseph, , ,			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>16767.24</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address <b>1806 Vernon Street, Ste. #100</b>		Amount <b>5500.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20009</b>	Transaction ID : <b>B634085</b>
Purpose of Expenditure <b>Digital Ad Production-Estimated costs</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>
Name of Federal Candidate <b>Heck, Joseph, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>1880701.40</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Liz Figueroa</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address <b>35 Martins Beach Road</b>		Amount <b>1146.60</b>	
City <b>Half Moon Bay</b>	State <b>CA</b>	Zip Code <b>94019</b>	Transaction ID : <b>B634088</b>
Purpose of Expenditure <b>Travel-Estimated costs</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>
Name of Federal Candidate <b>Heck, Joseph, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>1880701.40</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6646.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Schifeling, Deirdre, , ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 8 OF 14

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address 123 William St, 10th Floor		Amount <b>3100.00</b>	
City New York	State NY	Zip Code 10038	Transaction ID : <b>B634108</b>
Purpose of Expenditure Staff time for direct voter contact-Estimated costs		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>
Name of Federal Candidate McGinty, Katie, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address 123 William St, 10th Floor		Amount <b>3100.00</b>	
City New York	State NY	Zip Code 10038	Transaction ID : <b>B634107</b>
Purpose of Expenditure Staff time for direct voter contact-Estimated costs		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>
Name of Federal Candidate Toomey, Pat, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6200.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>
Mailing Address 1806 Vernon Street, Ste. #100		Amount 650.00
City Washington	State DC	Zip Code 20009
Purpose of Expenditure Digital Ad Production-Estimated costs	Category/ Type 004	Transaction ID : B634086 Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>
Name of Federal Candidate Toomey, Pat, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Priorities USA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>
Mailing Address 601 13th Street NW Suite 610N		Amount 76864.95
City Washington	State DC	Zip Code 20005
Purpose of Expenditure Digital Ad Buy-Estimated costs	Category/ Type 004	Transaction ID : B634095 Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>
Name of Federal Candidate Toomey, Pat, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	77514.95
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Priorities USA</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>		
Mailing Address <b>601 13th Street NW Suite 610N</b>			Amount <b>25621.63</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>B634092</b>		
Purpose of Expenditure Digital Ad Buy-Estimated costs		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>		
Name of Federal Candidate <b>Trump, Donald, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought <b>3583533.18</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>76 Words</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>		
Mailing Address <b>1806 Vernon St, NW #100</b>			Amount <b>650.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20009</b>	Transaction ID : <b>B634087</b>		
Purpose of Expenditure Digital Ad Production-Estimated costs		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>		
Name of Federal Candidate <b>Trump, Donald, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought <b>3583533.18</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>26271.63</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 11 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Liz Figueroa</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address <b>35 Martins Beach Road</b>		Amount <b>1146.60</b>	
City <b>Half Moon Bay</b>	State <b>CA</b>	Zip Code <b>94019</b>	Transaction ID : <b>B634090</b>
Purpose of Expenditure Travel-Estimated costs	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>	
Name of Federal Candidate <b>Trump, Donald, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>US</b>	
Calendar Year-To-Date Per Election for Office Sought <b>3583533.18</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Catalist LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>	
Mailing Address <b>1090 Vermont Ave./Ste. 300</b>		Amount <b>129.84</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>B634101</b>
Purpose of Expenditure List acquisition-Estimated costs	Category/Type <b>003</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>	
Name of Federal Candidate <b>Trump, Donald, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>US</b>	
Calendar Year-To-Date Per Election for Office Sought <b>3583533.18</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1276.44</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address 123 William St, 10th Floor		Amount <b>3100.00</b>	
City New York	State NY	Zip Code 10038	Transaction ID : <b>B634106</b>
Purpose of Expenditure Staff time for direct voter contact-Estimated costs		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3583533.18</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Stones' Phones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>	
Mailing Address 41-750 Rancho Las Palmas Dr #E-3		Amount <b>12000.00</b>	
City Rancho Mirage	State CA	Zip Code 92270	Transaction ID : <b>B634104</b>
Purpose of Expenditure Phone calls-Estimated costs		Category/ Type <b>003</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3583533.18</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>15100.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 13 OF 14  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00489799         </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>We Vote Nosotros Votamos -PP Advoc. Mar Monte PAC</b>			Date of Public Distribution/Dissemination	
Mailing Address 1605 The Alameda			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
City San Jose	State CA	Zip Code 95126	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7183.50</div>	
Purpose of Expenditure Canvassing-Estimated costs		Category/Type <div style="border: 1px solid black; padding: 2px;">003</div>	<b>Transaction ID : B634110</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">3583533.18</div>				

Full Name of Payee <b>We Vote Nosotros Votamos -PP Advoc. Mar Monte PAC</b>			Date of Public Distribution/Dissemination	
Mailing Address 1605 The Alameda			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
City San Jose	State CA	Zip Code 95126	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7183.50</div>	
Purpose of Expenditure Canvassing-Estimated costs		Category/Type <div style="border: 1px solid black; padding: 2px;">003</div>	<b>Transaction ID : B634112</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate Cortez-Masto, Catherine, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">1880701.40</div>				

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">14367.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

10

25

2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 14 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>We Vote Nosotros Votamos -PP Advoc. Mar Monte PAC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>		
Mailing Address 1605 The Alameda			Amount <b>7183.50</b>		
City San Jose	State CA	Zip Code 95126	Transaction ID : <b>B634111</b>		
Purpose of Expenditure Canvassing-Estimated costs		Category/Type <b>003</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>		
Name of Federal Candidate Heck, Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1880701.40</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>We Vote Nosotros Votamos -PP Advoc. Mar Monte PAC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>		
Mailing Address 1605 The Alameda			Amount <b>7183.50</b>		
City San Jose	State CA	Zip Code 95126	Transaction ID : <b>B634109</b>		
Purpose of Expenditure Canvassing-Estimated costs		Category/Type <b>003</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought <b>3583533.18</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>14367.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>272507.03</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature